REDEFINING CASE MANAGEMENT

HCBS CONFERENCE WORKSHOP
THURSDAY, AUGUST 29, 2019
8:30 AM – 9:45 AM

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GOALS OF TODAY'S DISCUSSION

The goals of today's discussion include:

- Discuss the approaches to initial case management engagement within Home and Community Based Services (HCBS), including:

  - Linking participants to a case manager in a conflict-free way

  - Maximizing the participant's freedom of choice

  - Providing program education to participants and participant representatives

  - Collecting data to inform the care/service planning process

- Review the opportunities and challenges available to states seeking to reform initial case management engagement

- Discuss the tools states are using to seamlessly implement reforms

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BACKGROUND AND BEST PRACTICES

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BACKGROUND: FEDERAL REQUIREMENTS AND POLICIES REGARDING CONFLICT-FREE CASE MANAGEMENT

- According to 42 CFR 441.301(c)(1)(vi):

  - Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual, **must not provide case management or develop the person-centered service plan**, except when the State demonstrates that the **only willing and qualified entity** to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.

- **Conflict of Interest** (COI) requirements are not just applicable to providers, but also to entities that have an interest in a provider or if they are employed by a provider.

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BACKGROUND: CONFLICT-FREE CASE MANAGEMENT SUPPORTS

01 Freedom of Choice

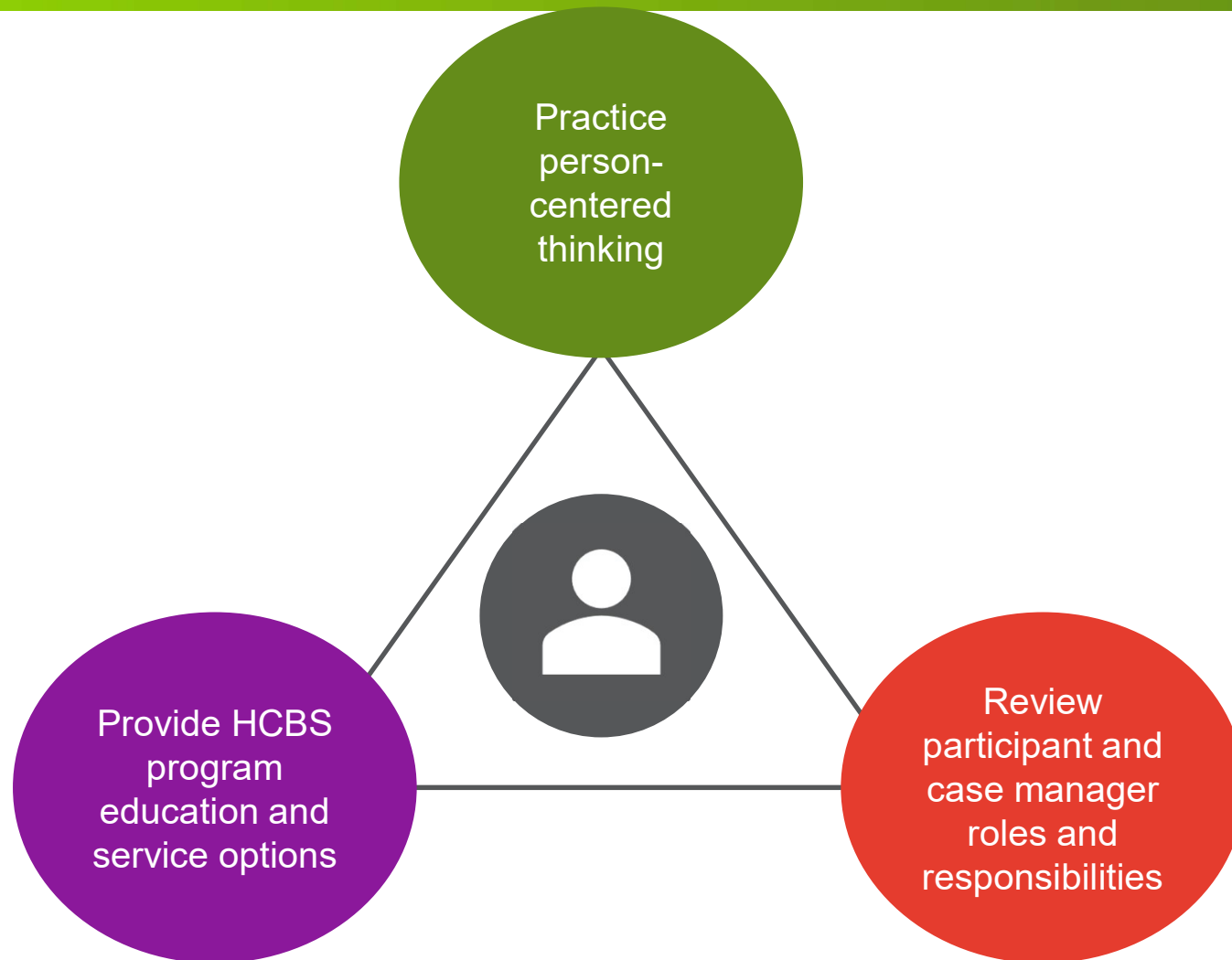The right to choose services and service providers without undue influence.

02 Safeguards

Implement systems, training, and support strategies that address ongoing concerns that some providers attempt to influence service planning in a way that could be considered a violation of federal conflict-free case management requirements.
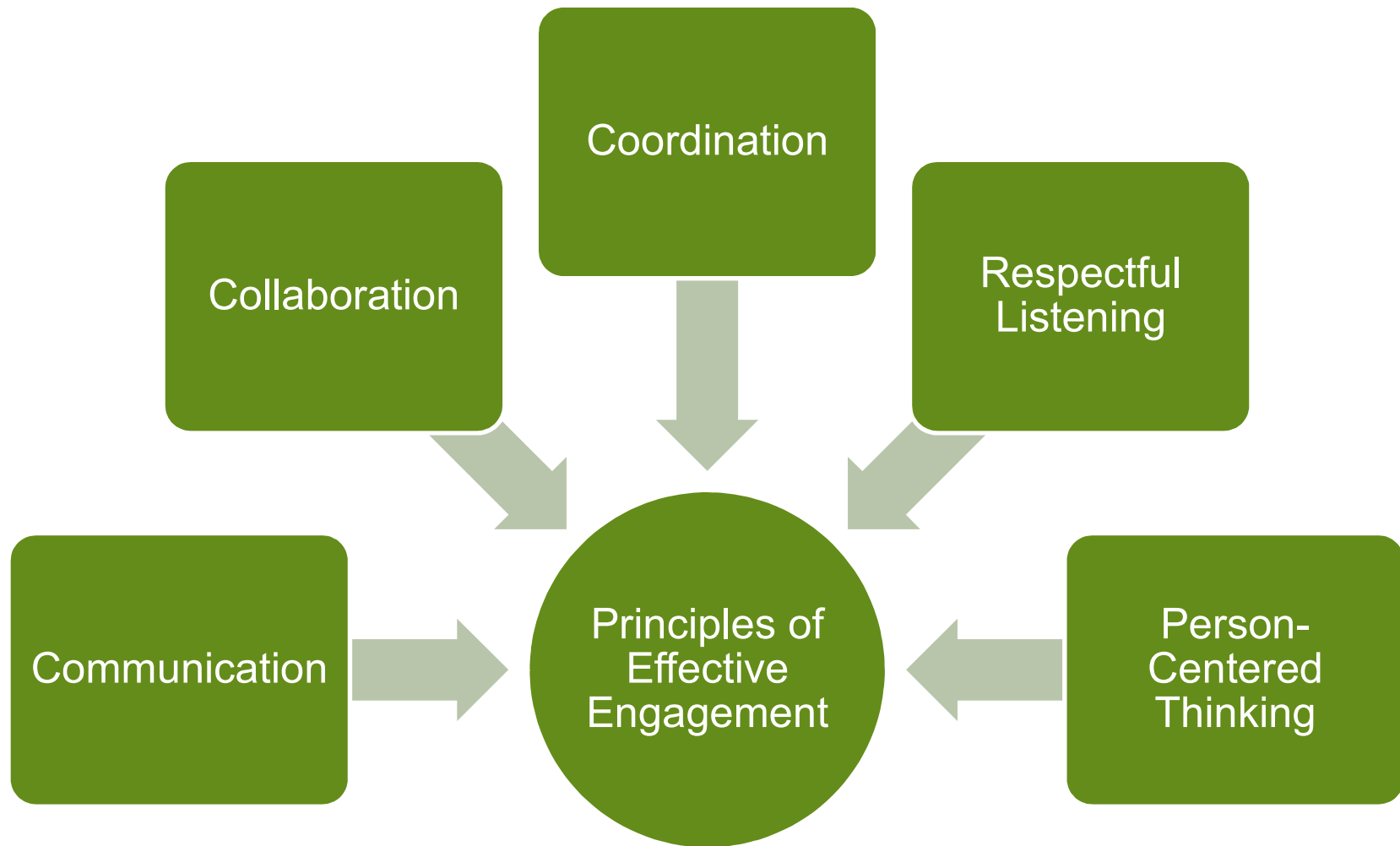
03 Exceptions to Conflict-Free Case Management

Reinforced through state oversight and approval process.

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BACKGROUND: THE ROLE OF THE CASE MANAGER DURING THE INITIAL ENGAGEMENT PROCESS

Practice person-centered thinking

Provide HCBS program education and service options

Review participant and case manager roles and responsibilities

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INITIAL ENGAGEMENT INTENDED TO ESTABLISH RAPPORT AND LEARN OF INDIVIDUALS NEEDS AND PREFERENCES

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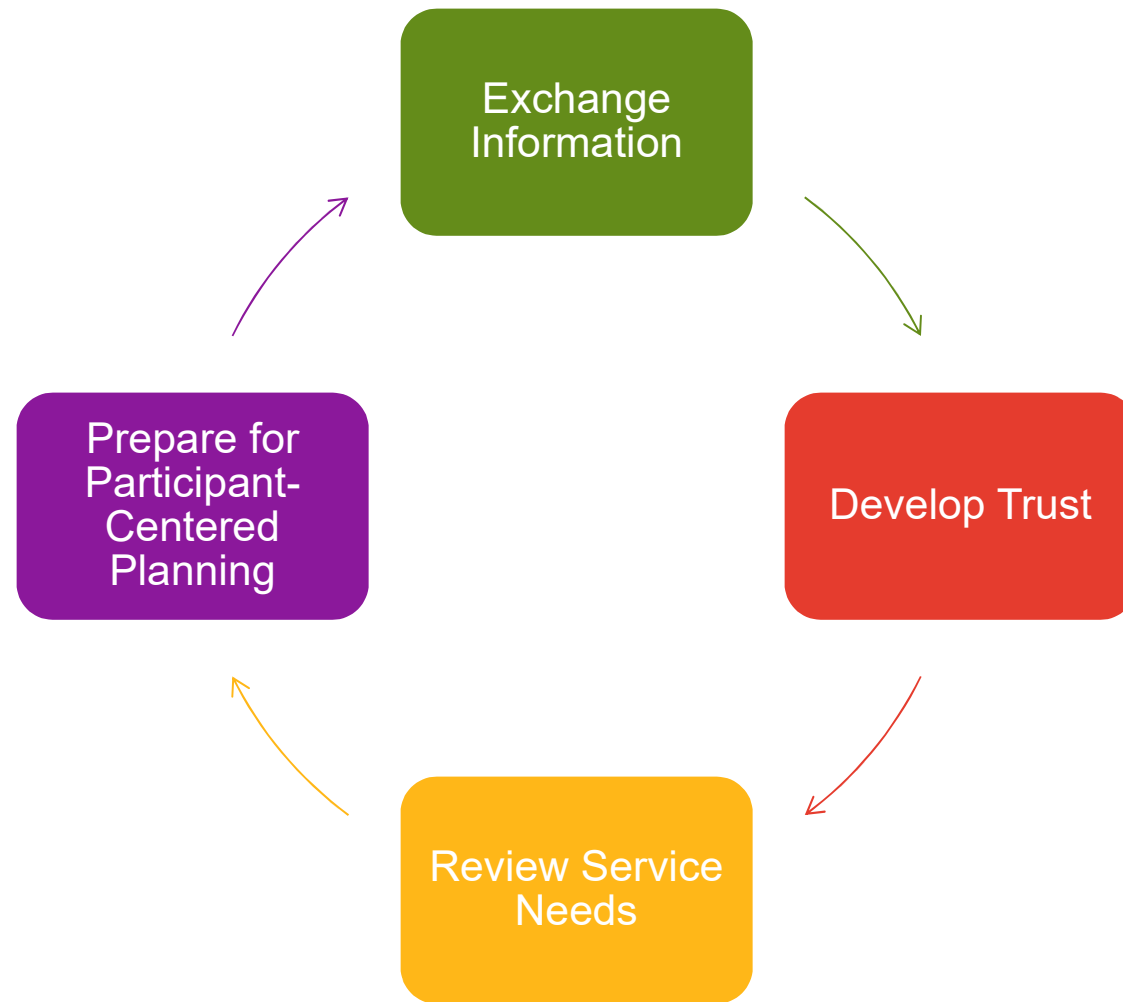
BACKGROUND: CHALLENGES TO OFFERING EFFECTIVE ENGAGEMENT FOR STATES

- Challenges to offering effective engagement for states:

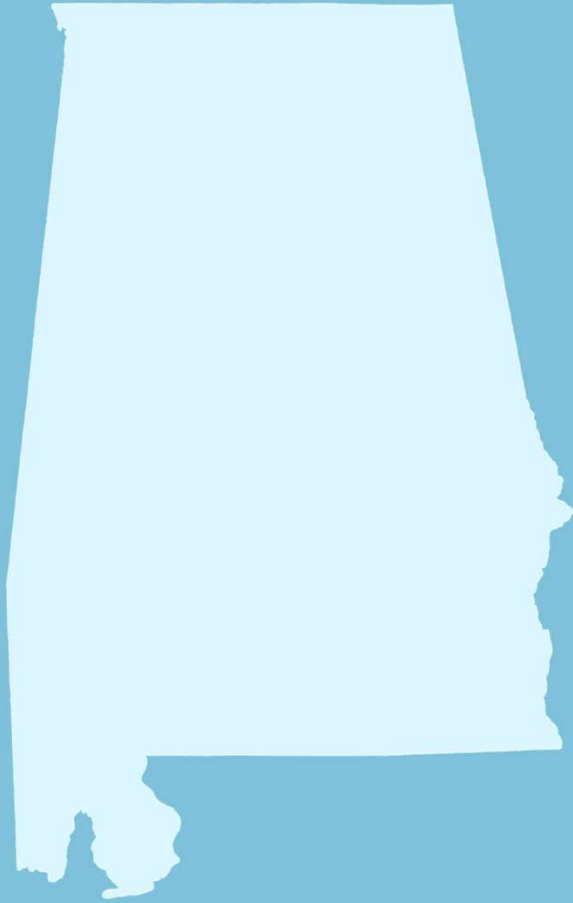| Lack of community resources	Difficulty reaching participants	Limited staffing resources
Technology challenges	Stakeholder engagement and buy-in	

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CASE MANAGEMENT UPDATES FROM ALABAMA AND KENTUCKY

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LTSS Case Management in Alabama

August 2019

Quick Facts Alabama

State Demographics:
State Population: 4.8 Million

Average Monthly Eligible: 1.02 Million

Percentage of population on Medicaid 21%

Annual Budget: $6.5B*

State Organizational Structure:
All Human Services Agencies are separate and Cabinet level:
- Alabama Medicaid Agency
- Alabama Department of Senior Services-operates 3 HCBS Waivers
- Alabama Department of Rehabilitation Services-operates 1 HCBS Waiver
- Alabama Department of Mental Health-operates 2 HCBS Waivers
- Alabama Department of Human Resources
- Alabama Department of Public Health

Long-Term Care Services:
6 HCBS Waiver Programs 1915c

4-Nursing Facility Level of Care-10,800 slots

2-ICF Level of Care-7,000 Slots

Delivery Models:
1915j-3,000 Participants

1915b PCCME-23,000 Participants (LTSS)

*2017 Data

Integrated Care Network (ICN)

- Alabama Medicaid RFP April 2018
  - PCCM-Entity model
  - 1915b will add Medical Case Management to LTC population
    - Two (2) HCBS Waivers and Nursing Facility population

- October 2018 implementation

AAA Network Preparation

- LTSS Managed Care coming to Alabama Medicaid Waiver program
- Quality, consistency, improved processes
- Looking to the future
  - Health plans recognize NCQA

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Why NCQA Accreditation?

Technology
_____

Data requirements

New Assessments

New Care Plan

Predictive Modeling

Risk Stratification

Medication Review

Case Management
_____

Person-Centered
Care Planning

Care Transitions

Expanded Assessments

Staffing
_____

ICN requires "Care
team led by nurse
and social worker"

Licensed Social
Workers
RN's

Documentation
_____

Everything must be
documented.

Policies and
Procedures,
Processes, etc

Survey
_____

Periodic surveys
will become part
of the new norm

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Training

- Person-Centered Care Planning/Thinking training provided through ACL "No Wrong Door" funding
- Conducted two rounds of PCP training-trained 450+ individuals
  - First with representatives from each AAA
  - Second with all CM, ADRC staff from each AAA
  - Third chose six (6) individuals to participate in a "Train the Trainer" scenario, we now have 6 certified PCP trainers in the state/LTSS system.
- Training committee has assembled a uniform training repository for use statewide

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Statewide LTSS Case Management Accreditation

Advantages to AAA Network:

- Consistency in network
- Shared responsibilities
- Shared costs
- Greater knowledge
- Larger resource pool

Status:

All thirteen (13) AAAs have received NCQA Accreditation!

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Goals of the Integrated Care Network

- Make an incremental change to the State's LTSS system to prepare for future increased demand;

- Improve Education and Outreach about Long Term Services and Supports (LTSS) options;

- Provide more comprehensive and integrative Case Management that drives person-centered planning, enhances quality of life, and improves health outcomes; and,

- Help drive a percentage shift of the LTSS population residing in the HCBS setting.

ICN Strategy

- Presently mix of Medicaid long term care beneficiaries is approximately 70% nursing home residents and 30% community.

- Future mix (in 5 years) is expected to be 67% nursing home residents and 33% community. Nursing home census is currently flat

- Bend the cost curve strategy by "deflecting" future beneficiaries into Home and Community Based Services (HCBS)

- The ICN receives an Incentive of up to $4M if they successfully change the LTSS mix over the year

ICN Program Elements

- Contract awarded to Alabama Select Network on June 29, 2018 and went live October 1, 2018

- There is one Statewide ICN (Alabama Select Network, LLC

- ICN is Provider sponsored by LTSS Providers

- Exclusive arrangements for HBCS case management with the Area Agencies on Aging (AAAs)

- The ICN has coordination agreements with Nursing Facilities

ICN Program Elements (continued)

- The ICN is a Primary Care Case Management (PCCM) Entity Program requiring a 1915b waiver from CMS

- Provides medical case management for long term nursing home residents and individuals in the community receiving long term services and supports

- A defined board composition to be approved by Medicaid (e.g., AARP, Disability Rights and Resources, ARISE Citizens Policy Project, Medical Society of the State of Alabama)
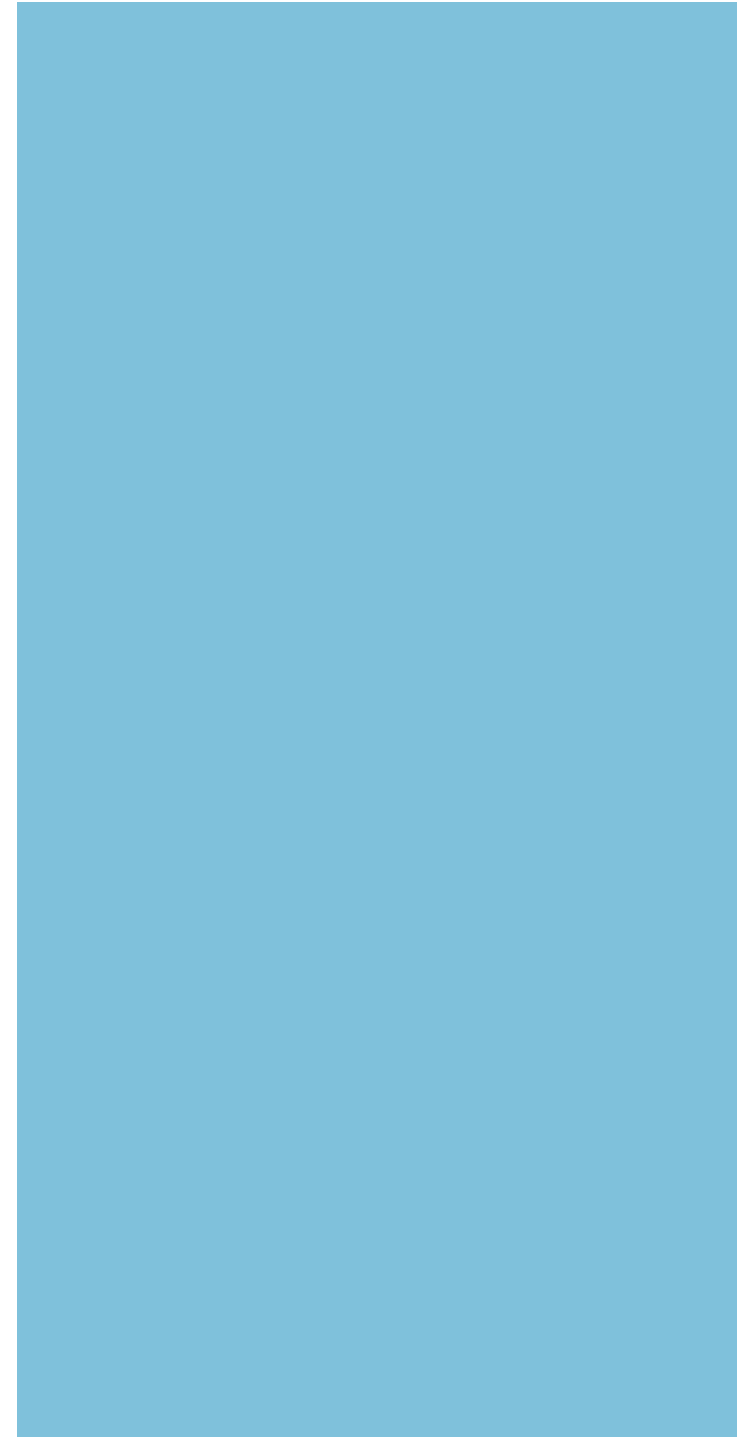
- Citizens Advisory Committee (CAC)

Questions?

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2019 HCBS CONFERENCE
REDEFINING CASE MANAGEMENT

Commonwealth of Kentucky
Department of Medicaid Services

AUGUST 29, 2019

Table of Contents

SECTION 1: Kentucky's 1915(c) Waiver Structure

SECTION 2: Motivations to Reform

SECTION 3: Kentucky's Approach to Case Management

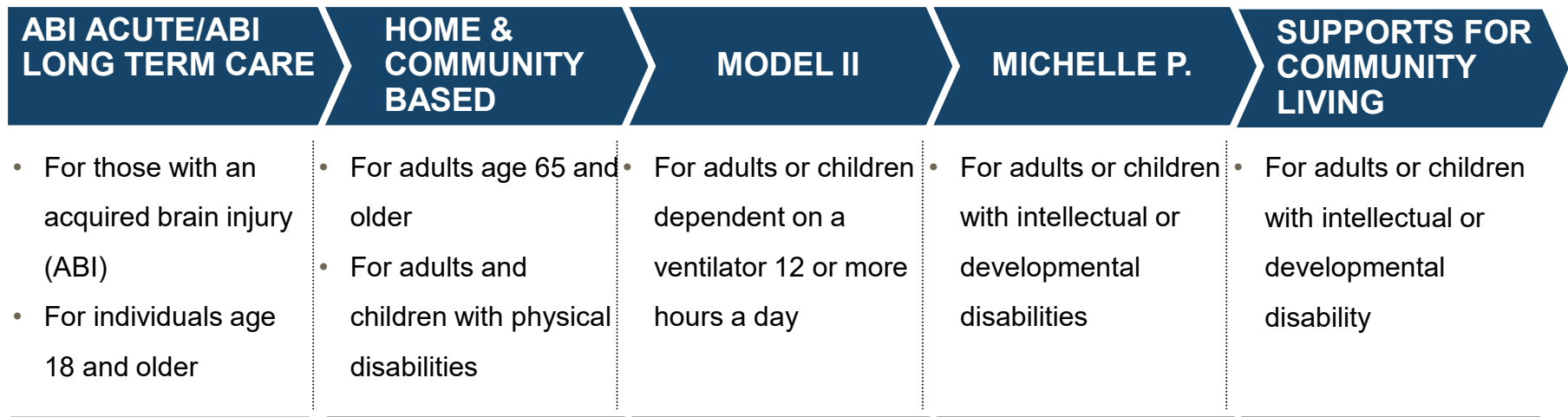**SECTION 4:** Kentucky's Goals for Reform

SECTION 5: Progress, Challenges, and Lessons

Kentucky's 1915(c) Waiver Structure

Overview: Commonwealth of Kentucky's 1915(c) Waivers

Kentucky currently operates six (6) Home and Community-Based (HCBS) waivers to support over 33,000 individuals in the Commonwealth receiving services in home and community-based settings.

For more information on our waivers, visit Kentucky's Department for Medicaid Services-Division of Community Alternatives website.

ABI ACUTE/ABI LONG TERM CARE	HOME & COMMUNITY BASED	MODEL II	MICHELLE P.	SUPPORTS FOR COMMUNITY LIVING
• For those with an acquired brain injury (ABI) • For individuals age 18 and older	• For adults age 65 and older • For adults and children with physical disabilities	• For adults or children dependent on a ventilator 12 or more hours a day	• For adults or children with intellectual or developmental disabilities	• For adults or children with intellectual or developmental disability

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Motivation for Reform

Reforming Kentucky's HCBS programs?

Costs and Sustainability

- Medicaid spent $741.5M in FY15 for 1915(c) waivers

- More than 8,000 Kentuckians are on a waitlist for HCBS waivers

- Kentucky has launched a rigorous, comprehensive review of its HCBS programs

Quality of Care and Access to HCBS

- KY is moving from maintaining the status quo to rebalancing

- Efforts to improve services for individuals who are aged or physically disabled or with I/DD

- Streamlining programs and processes while improving services

Inequity, Administrative Complexity and Risks

- Today's delegated management model poses risks and is inefficient

- We are moving to a more efficient model

- Service definitions and payment rates vary, often without reason, across waivers

- Our past relationships with 1915(c) waiver stakeholders' were strained, and trust was low

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Kentucky's Approach to Case Management

Initial Engagement: Sets the Tone for Participants and their Supports

Focus Areas to Maximize Performance

- Enrollment notice begins the process to select a CM to initiate service planning

- Notice informs regarding how to access information on case management agencies

- After accepting a participant's case, CM conducts initial home visit

Initial Engagement: Sets the Tone for Participants and their Supports (Cont'd)

- Person-centered thinking and planning throughout the entire process

- Focus on participants, their needs and goals

- Set reasonable and attainable goals – important to and for themselves

- Individuals engaged and at the center of every goal and activity

Initial Engagement: Sets the Tone for Participants and their Supports (Cont'd)

Leading Practices in Participant Interaction

- Guide respectful listening by practicing person-centered thinking

- Provide a participant handbook explaining the planning process

- Case managers have a guide to provide direction in facilitating initial engagement

Conflict Free Case Management: Ensures Safeguards to Avoid Conflict of Interest

Focus Areas to Maximize Performance

- Providers rendering case management to participants must **not** also provide another waiver service

- Unless the provider or case manager is the **only** willing and qualified resource in geographical area thirty (30) miles from the participant's residence

Kentucky's Goals for Reform

Kentucky's Goals for Reform

1. More effectively utilize state resources and address growing demand for services

2. Address waiver waiting lists

3. Drive internal focus on HCBS efficiency and effectiveness

4. Lead streamlining and consistency across waiver programs

5. Monitor drive for compliance with federal oversight and rules impacting HCBS amidst Medicaid reform

6. Establish enhanced initial engagement for more comprehensive assessment and efficiency in initiating services

7. Enhance scope of case manager responsibilities to create efficiencies in service authorization

The Vision for Case Management in KY Medicaid Services
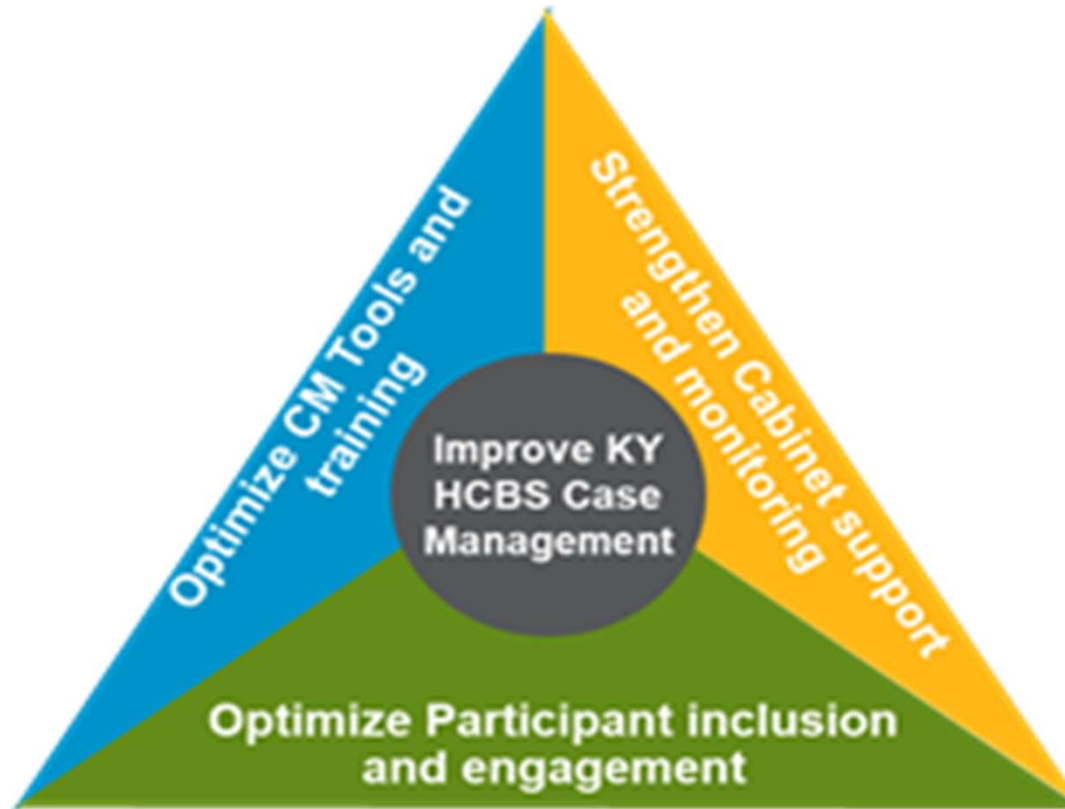
Progress, Challenges, and Lessons

How Will We Achieve This Vision?

Invest in case management workforce

Integrate clinical and social care models

Enhance oversight and accountability

Case Management – Case Management Support

Case Manager Training

Establish case management delivery expectations

Provide education to support case manager facilitation and communication to participants and their natural supports

Provide accessible training aligned with federal regulations and national leading practices

Include real-life scenarios to demonstrate possible issues and appropriate resolutions

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Case Management – Case Management Support (Cont'd)

Case Manager Help Desk

Provide timely guidance and technical assistance

Assist case managers with case specific questions

Provide policy clarification

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Case Management – Case Management Support (Cont'd)

Monitoring

Regularly review a random selection of participant files

Utilize standard monitoring tools to promote consistent and objective reviews

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Thank You!

Presenter:

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PANEL DISCUSSION

THE NEED FOR INNOVATIVE IDEAS

IMPLEMENTATION TOOLS AND CHALLENGES

FUTURE OPPORTUNITIES FOR REFORM

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QUESTION AND ANSWER SESSION

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